

Case Number:	CM15-0215671		
Date Assigned:	11/05/2015	Date of Injury:	09/30/2013
Decision Date:	12/23/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/03/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old female sustained an industrial injury on 9-30-2013. The injured worker was being treated for cervical and lumbar radiculopathy, cervicgia, carpal tunnel-double crush syndrome, right shoulder impingement syndrome with labral and rotator cuff tears, left shoulder rotator cuff tear, right hip degenerative joint disease, left knee chondromalacia patella with degenerative tear of the medial and lateral meniscus, right knee meniscus tear with degenerative joint disease, and bilateral plantar fasciitis. The injured worker (7-2-2015) reported ongoing low back pain radiating into the lower extremities, neck pain radiating into the upper extremities, and pain of the bilateral shoulders, bilateral hips, knees, and feet. She rated her pain: 8 out of 10 low back and neck, 6 out of 10 bilateral shoulders and feet, and 7 out of 10 bilateral hips and knees. She reported no relief from epidural injections. The physical exam (7-2-2015) revealed tenderness to palpation of the cervical and lumbar paravertebral muscles with spasm, limited cervical range of motion with pain, guarded and restricted lumbar flexion and extension, and numbness and tingling in the anterolateral thigh, posterior leg, and lateral foot, which is in an lumbar 5 and sacral 1 dermatomal pattern. The treating physician noted pain and tenderness in the right greater than left anterolateral hip region extending posteriorly, internal and external rotation produced some symptomology. The treating physician noted tenderness of the anterior joint line space of the knees and crepitus with range of motion. The treating physician noted bilateral foot plantar aspect and heel pain and tenderness consistent with plantar fasciitis and full ankle inversion and eversion with pain. The treating physician noted tenderness around the glenohumeral region and subacromial space, intact rotator

cuff function, and reproducible symptomology internal rotation and flexion. Treatment to date includes physical therapy, epidural steroid injections, work modifications, a non-steroidal anti-inflammatory injection, and medications including oral pain, anti-epilepsy, and muscle relaxant. Per the treating physician (7-2-2015 report), the injured worker's was to continue working in a modified capacity. The requested treatments included Lidocaine 5%/Gabapentin 10% gel and Flurbiprofen 10%/Capsaicin (plain) 0.025% cream. On 10-14-2015, the original utilization review non-certified requests for Lidocaine 5%/Gabapentin 10% gel and Flurbiprofen 10%/Capsaicin (plain) 0.025% cream.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lidocaine 5%, Gabapentin 10% gel 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: This medication is a compounded topical analgesic containing lidocaine and gabapentin. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. In this case, there is no documentation that the patient is suffering from postherpetic neuralgia. Lidocaine is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. This medication contains drugs that are not recommended. Therefore, the medication cannot be recommended. The request is not medically necessary.

Flurbiprofen 10%, Capsaicin (plain) 0.025% cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: This medication is a compounded topical analgesic containing flurbiprofen and capsaicin. Topical analgesics are recommended for neuropathic pain when anticonvulsants

and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. This medication contains drugs that are not recommended. Therefore, the medication cannot be recommended. The request is not medically necessary.